

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	25/05/2018 15:04
Date Of Accident	24/05/2018 09:00
Exact Location Of Accident	SIN MING DR BESIDE NEA NORTH EAST REGIONAL OFFICE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH290T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FERME VEHICLES RENTAL LLP
Co Reg No	T17LL0525A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98774495
Alternative Phone No	OFFICE-98774495

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS E AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5091887996
Cover Note Number	

### Driver

Name of Driver	HAROLD KHOO TECK KIAT
NRIC No	S1366276B
Date Of Birth	19/04/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1976
Driving Experience	41 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93693098
Fax Number	
Contact Number	OFFICE-93693098
Email Address	NOEMAIL

Address	BLK 196 KIM KEAT AVENUE #19-514
Postcode	310196
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SAM LIM ZHI XIANG GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , <b>POSTCODE:</b> 319194 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2519999 - <b>FAX NO:</b> 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180525/2044.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX7228U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name HAROLD KHOO TECK KIAT

Approximate Age

Injuries Sustain HEAD, NECK & BODY

Injured person in which vehicle? SJH290T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

#### DETAILS OF INJURED PERSON 2

Name SAM LIM ZHI XIANG

Approximate Age

Injuries Sustain HEAD, NECK & BODY

Injured person in which vehicle? SJH290T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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#### **8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

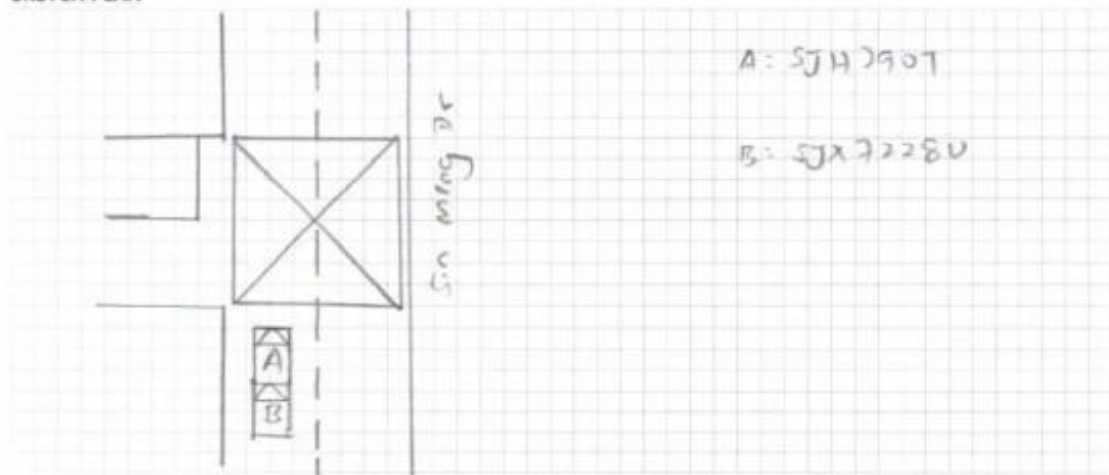
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180520/2047.

*[The remaining lines of the form are crossed out with a diagonal line.]*

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
Date & Time:

Signature of Policyholder

*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Signature of Driver

*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Signature of Reporting Centre Personnel

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180525/2044

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

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Report No. T/20180525/2044

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2018 11:13		Vide Report No.:		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: HAROLD KHOO TECK KIAT			Address: APT BLK 196 KIM KEAT AVENUE #19-514 SINGAPORE 310196		
ID Type / ID No.: NRIC NO / S1366276B			Contact No.: Home/Office: Mobile: 93693098		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 19/04/1959	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/05/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 SIN MING ROAD				
Nearby NEA HQ				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicle against Stationary Vehicle				Anyone conveyed by ambulance: No Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJH290T	Car				Seriously Damaged	1
SJX7228U					Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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T/20180525/2044

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Community Building SINGAPORE 319194  
Tel No: 1800-2519999

CONTINUATION OF REPORT

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Report No. T/20180525/2044

<b>Passenger</b>			
Name	SAM LIM ZHI XIANG	ID No.	S1470449C
Related Vehicle	SJH290T (Car)	Contact No.	84329090
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL
<b>Driver</b>			
Name	HAROLD KHOO TECK KIAT	ID No.	S1366276B
Related Vehicle	SJH290T (Car)	Contact No.	93693098
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	24/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	TAN CHEE KIANG	ID No.	S7232273H
Related Vehicle	SJX7228U	Contact No.	96988594
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

## Brief Details.

I am a grab driver and on the 24/05/2018 at about 0900hrs, I was travelling along Sin Ming Road in my vehicle (SJH290T) nearby NEA HQ and I had one passenger on board. My vehicle had came to a stop and was stationary before a yellow box due to a traffic junction ahead and that the light that was showing red. Suddenly another vehicle (SJX7228U) had collided onto the rear of my vehicle and the impact was so strong that it had pushed my vehicle forward into the yellow box. Due to this impact both of us were injured and my passenger had to crawl out of the vehicle onto the roadside. I had also alighted the vehicle to take pictures of the other driver's particulars as well as the damages of my vehicle. I had then proceeded to call for an ambulance as well. Soon after that both the traffic police and ambulance arrived and the traffic police officers had taken down our particulars. Myself and my passenger were conveyed onto the ambulance to Tan Tock Seng Hospital due to our injuries. I was given 3 days of medical leave and my passenger was given 4 days of medical leave. I wish to state that I had followed the traffic

## Police Report



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Tel No: 1800-2519999

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Report No. T/20180525/2044

### CONTINUATION OF REPORT

regulations on the said road. My vehicle has both a front and rear in-car camera but I do not know if the camera had captured the footage. My vehicle had also suffered serious damages to the rear and was towed away as well. I was contacted by a TP IO namely Arfis (65476355) to lodge a report regarding this incident. I am also lodging a report for repair and insurance purposes.



# Police Report



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T/20180525/2044

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93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
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CONTINUATION OF REPORT

4 of 4  
Report No. T/20180525/2044

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

E /

Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/05/2018 11:13

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178

Classification Of Case:

SN 11

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



**Accident Photo**



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